



VOLUNTEER Registration Form



Registration Form: One Volunteer per form. (please return form as soon as possible)

Background check will be completed for all volunteers 18 and older.

All volunteers must complete Disability Awareness Training

Full Name: _____ (Circle One) Male/Female
First Last

Date of Birth: _____ Age (must be at least 12): _____ School: _____

Grade: _____ Parent/Guardian _____

Address: _____ City/State/Zip: _____

Home Phone _____ Cell Phone _____ Email _____

Emergency Contact _____ Emergency Contact Phone _____

(Circle One) Shirt Size Youth: 6-8 (YS) 10-12(YM) 14-16(YL) Adult: S M L XL 2XL 3XL

I am interested in being a: (Check all that apply) *Other volunteer opportunities available.

Coach _____ Team Buddy Leader _____ Buddy _____ Announcer _____ National Anthem Singer _____

Special Events _____ Concessions/Merchandise _____ Other _____

Which Division do you wish to volunteer for? Miracle Division (Ages 5-17) Saturdays _____

*Game times will be determined based on number of teams Adult Division (Ages 18+) Wednesdays _____

_____ Yes, I will commit to the whole season

Miracle Division April 29-June 17

Adult Division April 26-June 14

_____ I can not commit to the whole season, but would still like to volunteer

Buddies

Which type of Participant would you prefer to be matched with? (We will do our best to match requests)

(Circle One) Adult (25+) Young Adult (18-25) Teen(13-17) Youth (5-12) Any

We would like to be placed with a specific player or Team? _____

LIABILITY WAIVER:

I understand that the YMCA of Indiana County assumes no responsibility for injuries or illnesses which I may sustain as result of my physical condition or resulting from my participation in any athletic activities, sports program, and the use of any equipment, exercise or other activities. I expressly acknowledge on behalf of myself and my heirs that I assume the risk for any and all injuries and illnesses which may result from my participation in these activities. I hereby release and discharge the YMCA of Indiana County, its agents, assigns and/or employees from any and all claims for injury, illness, death, loss or damage which I may suffer as a result of my participation in these activities.

I understand that the YMCA of Indiana County is not responsible for personal property lost or stolen while members and/or program participants are using YMCA facilities or on YMCA premises. By signing below I am in agreement with this waiver.

SIGNATURE OF VOLUNTEER or PARENT/GUARDIAN (if participant is under 18)

_____ DATE _____

Photo Permission/Release

Permission is given to use any video or photographs that the volunteer may be in for future YMCA, Miracle League, and its affiliate's promotions. By signing below, I give my permission to the YMCA of Indiana County to use, without limitation or obligation, photographs, film footage, or tape recordings which may include my image or voice for purposes of promoting or interpreting YMCA programs.

SIGNATURE OF VOLUNTEER or PARENT/GUARDIAN (if participant is under 18)

_____ DATE _____

For Office Use Only

Date Registered: _____ MLOIC Training: _____

Clearance Checks:

- PA State Police Criminal Background Check _____
- Department of Human Services (DHS) Child Abuse clearance _____
- FBI Criminal Background Check, (including fingerprinting) _____

Team: _____ Volunteer Position: _____

Name of Player (if assigned): _____